

10/516518

3782-0226PUS2

Attorney Docket No. _____

I hereby appoint the practitioners at **CUSTOMER NO. 02292** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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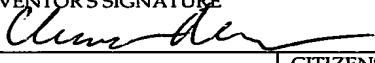
CUSTOMER NO. 02292 BIRCH, STEWART, KOLASCH & BIRCH, LLP

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↓

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Inventor, if any: see above	GIVEN NAME/FAMILY NAME <u>Linus WIEBE</u>	INVENTOR'S SIGNATURE 	DATE* <u>Jan-10-2005</u>
Insert Residence Insert Citizenship →	Residence (City, State & Country) <u>Lund, Sweden</u> <input checked="" type="checkbox"/>	CITIZENSHIP Swedish ✓	
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Grönegatan 8, S-222 24 Lund, Sweden</u>		
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME <u>Christoffer ÅKERSTEN</u>	INVENTOR'S SIGNATURE 	DATE* <u>Jan-04-2005</u>
	Residence (City, State & Country) <u>Stockholm, Sweden</u> <input checked="" type="checkbox"/>	CITIZENSHIP Swedish ✓	
	MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Erik Dahlbergsatan 29B, S-115 32 Stockholm, Sweden</u>		
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME <u>Mikael JAKOBSSON</u>	INVENTOR'S SIGNATURE 	DATE* <u>Dec 13-2004</u>
	Residence (City, State & Country) <u>Lund, Sweden</u> <input checked="" type="checkbox"/>	CITIZENSHIP Swedish ✓	
	MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Planvägen 6, S-226 47 Lund, Sweden</u>		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME <u>Jacob ANDERSEN</u>	INVENTOR'S SIGNATURE 	DATE* <u>Jan-04-2005</u>
	Residence (City, State & Country) <u>Bromma, Sweden</u> <input checked="" type="checkbox"/>	CITIZENSHIP Swedish ✓	
	MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Hunnebergsvägen 12, S-167 43 Bromma, Sweden</u>		
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME <u>Henrik AF TRAMPE</u>	INVENTOR'S SIGNATURE 	DATE* <u>Dec 10-2004</u>
	Residence (City, State & Country) <u>Lund, Sweden</u> <input checked="" type="checkbox"/>	CITIZENSHIP Swedish ✓	
	MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Olshögsatan 18, S-223 62 Lund, Sweden</u>		
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME <u>Joachim HOLLMAN</u>	INVENTOR'S SIGNATURE 	DATE* <u>Dec-14 2004</u>
	Residence (City, State & Country) <u>Stockholm, Sweden</u> <input checked="" type="checkbox"/>	CITIZENSHIP Swedish ✓	
	MAILING ADDRESS (Complete Street Address including City, State & Country) <u>Mosebacke Torg 14, S-116 20 Stockholm, Sweden</u>		

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Attorney Docket No. _____Full Name of Seventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME <u>Olof WALLQUIST</u>	INVENTOR'S SIGNATURE 	DATE* <u>3-1-05-2005</u>
Residence (City, State & Country) <u>Stockholm, Sweden</u> <input checked="" type="checkbox"/>	CITIZENSHIP <u>Swedish</u>	

Full Name of Eighth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Ninth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Tenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Eleventh
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Twelfth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		

Full Name of Thirteenth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)	CITIZENSHIP	
MAILING ADDRESS (Complete Street Address including City, State & Country)		